

State of Arizona

Department of Health Services

Request For Grant Application (RFGA)

RFGA Number: HR953231

RFGA Due Date / Time: March 16, 2009 at 3:00 P.M. Local Time

Submittal Location: Arizona Department of Health Services
1740 West Adams Street, Room 303
Phoenix, Arizona 85007

Description of Grant: Comprehensive Cancer Control Program (CCCP)

A Pre-Application Conference: February 23, 2009 1:30 PM 1740 W. Adams, Room 309
Phoenix, Arizona

Date

Time

Location

In accordance with A.R.S. §41-2701, competitive Sealed Grant Applications to provide materials or services specified will be received by the Arizona Department of Health Services, at the above-specified location until the time and date cited. It is the responsibility of the Applicant to routinely check the ADHS web site for solicitation amendments.

Applications must be in the actual possession of the Arizona Department of Health Services, on or prior to the time and date, and at the submittal location indicated above. **Late offers will not be considered.**

Applications must be submitted in a sealed envelope or package with the RFGA Number and the Applicant's name and address clearly indicated on the envelope or package. All Applications must be completed legibly in ink or typewritten. Additional instructions for preparing an Application are included in this RFGA.

Persons with disabilities may request special accommodations such as interpreters, alternate formats, or assistance with physical accessibility. Requests for special accommodations must be made with 72 hours prior notice. Such requests are to be addressed to the Grant Solicitation Contact Person.

APPLICANTS ARE STRONGLY ENCOURAGED TO CAREFULLY READ THE ENTIRE RFGA.

Grant Solicitation Contact Person:

Cindy Sullivan
Name

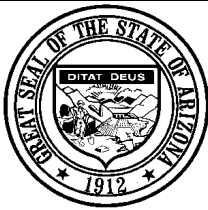
(602) 542-2934
Telephone

sullivc@azdhs.gov
Email Address

TABLE OF CONTENTS

RFGA NO.: HR953231

<u>Title</u>	<u>Page</u>
COVER PAGE	1
TABLE OF CONTENTS	2
GRANT APPLICATION	3
INTRODUCTION:	
STATEMENT OF PURPOSE.....	4
WHAT WILL BE FUNDED WITH THIS GRANT APPLICATION	5
ELIGIBILITY:	
ELIGIBLE APPLICANTS.....	6
INSTRUCTIONS:	
SPECIAL INSTRUCTIONS TO APPLICANTS	7 ~ 8
HOW TO PREPARE AND SUBMIT APPLICATION	9 ~ 10
TERMS AND CONDITIONS	11 ~ 18
SCOPE OF WORK.....	19 ~ 21
PRICE SHEET	22
ATTACHMENTS / EXHIBITS:	23 ~ 30
ATTACHMENTS	
1. Budget Summary	23
2. Grant Certification Form	24
3. RE-AIM Planning Tool	25 ~ 27
4. Grant Payment Request Form.....	28
EXHIBITS:	
1. Applicant's Expenditure Report Instructions	29
Applicant's Expenditure Report	30



GRANT APPLICATION

RFGA NO.: HR953231

Arizona Department of Health
Services
1740 W. Adams, Room 303
Phoenix, Arizona 85007
(602) 542 - 1040
(602) 542 - 1741 (Fax)

The Undersigned hereby applies and agrees to comply with all the terms, conditions, specifications, any amendments in the Request and any written exceptions in the Application.

In accordance with A.R.S. 35-393.06, the Applicant hereby certifies that the Applicant does not have scrutinized business operations in Iran.

In accordance with A.R.S. 35-391.06, the Applicant hereby certifies that the Applicant does not have any scrutinized business operations in Sudan.

The Applicant warrants compliance with all Federal immigration laws and regulations relating to employees and warrants its compliance with Section A.R.S. § 23-214, Subsection A.

Applicant's Arizona Transaction (Sales) Privilege Tax License Number: _____

Applicant's Federal Employer Identification Number: _____

Applicant's Name

Name of Person Authorized to Sign Application

Street Address

Title of Authorized Person

City State Zip Code

Signature of Authorized Person Date

Telephone Number: _____

Facsimile Number: _____

Acknowledgement of Amendment(s):
(Applicant acknowledges receipt of amendment(s)
to the Request for Grant Application and
related documents numbered and dated

Amendment No.	Date
_____	_____
_____	_____
_____	_____

Amendment No.	Date
_____	_____
_____	_____
_____	_____

ACCEPTANCE OF APPLICATION AND GRANT AWARD

(For State of Arizona Use Only)

Your Application, dated _____, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the RFGA and your Application, as accepted by the State.

This Grant will henceforth be referred to as Grant Number: **HR953231**

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this Grant until you receive an executed purchase order, Grant release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this _____ day of _____ 2009

State Government Administrator

INTRODUCTION

RFGA NO.: HR953231

STATEMENT OF PURPOSE

The Arizona Department of Health Services (ADHS), Comprehensive Cancer Control Program (CCCP), is a program within the Bureau of Chronic Disease Prevention and Control. The CCCP is pleased to announce the availability of funds for the purpose of cancer control interventions across the state of Arizona through the use of a Grant. These projects must support initiatives that focus on one of the following priorities as identified in the Arizona Comprehensive Cancer Control Plan. In developing this application, communities are invited to consult the following website for information about the Arizona Cancer Control Program: <http://www.azcancercontrol.gov>

1. Prevention

By the year 2015, decrease the proportion of children, adolescents and adults in Arizona who are overweight or obese by twenty percent (20%);

2. Early Detection and Screening

Increase the proportion of women aged forty (40) years and over who have received a mammogram and clinical breast exam within the past year to seventy percent (70%) by the year 2010 or for adults aged fifty (50) years and over, increased the proportion of the population who has been screened for colorectal cancer to fifty percent (50%) by the year 2010;

3. Diagnosis and Treatment

Increase access to quality information and patient navigation sites across the State and identify barriers to access;

4. Quality of Life

Increase access to the comprehensive management of acute, chronic, and delayed effects of cancer and its treatments;

5. Research

Educate the public regarding the importance and relevance of participating in cancer clinical trials; and

6. Health Disparities

Research and identify current barriers to care as well as draft strategies to reduce inequalities in cancer care.

INTRODUCTION

RFGA NO.: HR953231

WHAT WILL BE FUNDED WITH THIS GRANT APPLICATION

1. **What are the Program Goals and Priority Areas?**

The goal of the program is to promote cancer control interventions for the citizens of Arizona.

2. **What is the Funding Source for this Grant?**

Federal funds made available from the Department of Health and Human Services, Centers for Disease Control and Prevention, National Cancer Prevention and Control Program Grant.

3. **What is the Total Amount of Available Funds?**

A total of up to \$30,000.00 will be awarded to multiple qualified Applicants. Awards are available for up to a maximum of \$10,000 per Application. The award amounts will be based on proposed project activity. There is no fixed amount for each award. The funds will be awarded as appropriate to Applicants that meet the intention of the Grant guidance. Successful Applicants will be notified in writing regarding the results of the Grant process. Major activities must be completed and project funds must be expended before June 30, 2010.

Payment will be provided monthly by ADHS to awarded Applicants for completed services based upon approved Contractor Expenditure Reports received for the prior month service.

4. **Funding Exclusions:**

Due to the nature of these funds, awards may **not** be used for:

4.1 Cancer screening services; or

4.2 Laboratory or clinical services, treatment, research or medical care

ELIGIBILITY
RFGA NO.: HR953231

ELIGIBLE APPLICANTS

1. Other governmental agencies (counties, cities, etc) and non-profit organizations that will have 501c status by Grant award are eligible to apply.
2. **Each funded organization must meet the following criteria:**
 - 2.1 Does not currently receive funding or support from the ADHS for the same services, program or project for which the Grant is being sought; and
 - 2.2 Is organized as an entity that can receive these funds, or is working in partnership with an organization that can serve as a fiscal intermediary.

INSTRUCTIONS

RFGA NO.: HR953231

SPECIAL INSTRUCTIONS TO APPLICANTS

1. Application Opening:

Applications shall be opened publicly at the time and place designated on the cover page of this document. The name of each Applicant shall be read at this time. After Grant award, the Applications and evaluation documents shall be open for public inspections.

2. Evaluation Criteria:

Grant Applications will be evaluated according to A.R.S. § 41-2702 (F) and (G) based upon the evaluation criteria listed below. The criteria are listed in the relative order of importance and are based on the following:

- 2.1 Proposed project and "TASKS Methodologies" to perform and complete the work;
- 2.2 Experience/Expertise/Reliability and Qualifications based on background, history, track record, organizational chart, staff resumes, and one (1) letter of support;
- 2.3 Resources: Ability to perform services as reflected by availability and suitability of staff and resources;
- 2.4 Collaboration as demonstrated with memorandums of understanding subcontractors and letters from collaborative agencies describing support of the proposed partnership;
- 2.5 Cost: Itemized budget and budget justification and price sheet showing proposed cost(s) including other sources of funds; and
- 2.6 Submittal of all required documentation.

3. Written Questions:

Submit any questions about the RFGA needing clarification, in writing, not later than seven (7) working days prior to the RFGA due date to:

Cindy Sullivan , Procurement Specialist
Arizona Department of Health Services
1740 W. Adams, Room 303
Phoenix, AZ 85007
Fax: 602-542-1741
Email: sullivc@azdhs.gov

4. Confidential Information:

If an Applicant believes that their Application contains information that should be withheld, a statement advising the Procurement Officer of this fact and explaining the reasons for confidentiality shall accompany the submission, and the information shall be so identified wherever it appears. The person shall stamp or specifically identify all information believed to be confidential. The information identified by the person as confidential shall not be disclosed until the State Government Administrator (or his/her designee) makes a written determination. The Administrator shall review the statement and information and shall determine in writing whether the information shall be withheld. If the Administrator determines to disclose the information, the ADHS Administrator shall inform the Applicant in writing of such determination.

INSTRUCTIONS

RFGA NO.: HR953231

5. Discussion:

The ADHS reserves the option to conduct discussions with Applicants. The purpose of these discussions is to provide clarification and to assure full understanding of and responsiveness to the application requirements regarding the Grant.

6. Multiple Awards:

In order to assure that any ensuing Grants will allow the State to fulfill current and future needs, ADHS reserves the right to award Grants to multiple Applicants.

7. Application Acceptance Period:

To be eligible for Grant award, Application cost estimates must be held open for one-hundred twenty (120) days.

8. Collaborative Partnerships within Program Area:

The State encourages partnerships with other entities and programs within communities. Partnerships and/or collaborative efforts are defined as joint efforts with other entities that could provide additional resources, such as funding, in-kind, direct services, volunteers, and community support. When proposing partnerships, provide letters of agreement or memoranda of understanding describing the roles and responsibilities each partner will assume and signed by appropriate partners.

9. Authorized Signature:

9.1 For any document that requires the Applicant's signature, the signature provided must be that of the Owner, Partner or Corporate Officer duly authorized to sign Grant agreements. Additionally, if requested by ADHS, disclosure of ownership information shall be submitted.

9.1.1 Privately Owned: The Owner must sign the Grant application.

9.1.2 Partnership: A Partner must sign the Grant application.

9.1.3 Corporation: A duly authorized Corporate Officer must sign the Grant application.

9.1.4 Public Entity: Director

9.2 If a person other than these specified individuals signs the Grant application, a Power of Attorney indicating the employee's authority must accompany the Grant Application. All addenda to the Grant Application shall be signed by the authorized individual who signed the Grant Application except that they may be signed by a duly authorized designee.

INSTRUCTIONS

RFGA NO.: HR953231

HOW TO PREPARE AND SUBMIT APPLICATION

1. Read and familiarize yourself with all sections of this RFGA.
2. Definition of Terms used in this RFGA:
 - a. **“Activities”** are day-to-day and periodic things that are accomplished to meet the goal(s). They are usually single-faceted, simply stated and numerous.
 - b. **“ADHS”** means the Arizona Department of Health Services.
 - c. **“Attachment”** means a document that must be filled out and included as part of the Grant Application.
 - d. **“Department”** means the Arizona Department of Health Services.
 - e. **“Exhibit”** means a document included only for informational purposes. It is not intended to be submitted as part of the Grant Application.
 - f. **“Key personnel”** means staff involved in the planning, administration, operation, or monitoring of this Grant.
 - g. **“Shall or Must”** indicates a mandatory requirement. Failure to meet these mandatory requirements may result in the rejection of an application as non-responsive.
3. **Required Application Information.** The following shall be submitted concurrent with and as part of the Application:

One (1) original and five (5) copies of each Application shall be submitted on the forms and in the format specified in the RFGA. If responses are typewritten, they shall be in a 12-point font and single-spaced. The original ink signed Application shall be clearly labeled **“ORIGINAL”**. The five (5) copies shall be submitted and marked as “copy”. The ADHS will not provide any reimbursement for the cost of developing or presenting applications in response to this RFGA. Failure to include the requested information may have a negative impact on the evaluation of the Application. Applications shall have a table of contents, tabs for each section, and shall be provided in one (1)-inch, three (3) ring binders, labeled with the Applicant’s name and program title. All pages shall be sequentially numbered and material shall be in the following sequence and related to the RFGA:

- 3.1 Table of Contents for entire application with page numbers;
- 3.2 Signed Application and Award Form;
- 3.3 Grant Certification Form (Attachment 2);
- 3.4 Proposed Project and “TASK Methodologies” (not to exceed ten (10) pages);
- 3.5 Organizational Chart - Provide a current organizational chart of the personnel. Chart shall include the Applicant and its Sub-applicants;
- 3.6 Experience/Expertise/Reliability and Qualifications;
 - 3.6.1 Provide a written narrative description of Applicant’s background, history and resources;

INSTRUCTIONS

RFGA NO.: HR953231

- 3.6.2 If any part of the Applicant's work on any Grant awarded pursuant to this RFGA is to be performed by Sub-applicants, identify such parties and describe their functions. Also include resumes of the senior/executive officers and key personnel of the Sub-applicants to be assigned to this Grant; and
- 3.6.3 Provide one (1) letter of support from one of your identified coalition members or partners demonstrating a commitment to participate in your proposed project.
- 3.7 Resources – Describe how the Applicant will perform the proposed services as reflected by availability and suitability of staff resources;
- 3.8 Complete Budget Summary and Price Sheet. (Refer to Attachment 1 and the Price Sheet);
- 3.9 Documentation of 501 (c) status, if applicable (IRS determination letter and articles of incorporation);
- 3.10 Grant Payment Request Form (Attachment 4). This form will be used if an award is granted and payment is requested;
- 3.11 Submit a paper copy of the community's Smart Growth Scorecard as Attachment 5; and
- 3.12 Other Attachments: As applicable. Such as: copies of sub-Applicant's Grant, example of Applicant program materials, copies of curricula (youth and/or parent/adult).
- 4. Submit completed Applications on or before the due date and time listed on the cover page to the Arizona Department of Health Services, Procurement Office, 1740 W. Adams, Room 303, Phoenix, Arizona, 85007.
- 5. Applications shall be opened publicly at the time and place designated on the cover page of this document. The name of each Applicant shall be read publicly and recorded.
- 6. ADHS may conduct discussions and suggest changes to the Applications. If discussions are conducted, Applicants will be invited to modify their applications. The State of Arizona reserves the right to award Grants for less than the proposed amount.
- 7. Keep a copy of this solicitation and submitted Grant proposal. If awarded, the Applicant shall be bound to the services listed by the Grant proposal and based upon the solicitation, including all terms, conditions, specifications, amendments, etc.
- 8. **Compliance Requirements for A.R.S. § 41-4401, Government Procurement: E-Verify Requirement**
 - 8.1 The Applicant warrants compliance with all Federal immigration laws and regulations relating to employees and warrants its compliance with Section A.R.S. § 23-214, Subsection A. (That subsection reads: "After December 31, 2007, every employer, after hiring an employee, shall verify the employment eligibility of the employee through the E-Verify program.")
 - 8.2 A breach of a warranty regarding compliance with immigration laws and regulations shall be deemed a material breach of the Grant and the Applicant may be subject to penalties up to and including termination of the Grant.
 - 8.3 Failure to comply with a State audit process to randomly verify the employment records of Applicants and subcontractors shall be deemed a material breach of the Grant and the Applicant may be subject to penalties up to and including termination of the Grant.
 - 8.4 The State Agency retains the legal right to inspect the papers of any employee who works on the Grant to ensure that the Applicant or Sub-applicant is complying with the warranty under paragraph one (1).

TERMS AND CONDITIONS

RFGA NO.: HR953231

1. Grant Term:

The initial term of this Grant shall commence upon award of and signature by the State Government Administrator, and shall remain in effect through June 30, 2010, unless terminated, canceled, or extended as otherwise provided herein.

2. Option to Renew Grant.

This Grant shall not bind nor purport to bind ADHS and the Applicant for any Grant commitment in excess of the original Grant Term. ADHS shall have the right, at its sole option, to renew the Grant, in one (1)-year increments, not to exceed a total Grant term of four (4) years. If ADHS exercises such rights, all terms, conditions and provisions of the original Grant shall remain the same and apply during the option terms.

3. Grant Reimbursement:

Reimbursement shall be made on a cost reimbursement basis.

4. Grant Amendments.

Any change in this Grant, including the Scope of Work, shall only be accomplished by a formal, written Grant Amendment, signed by the State Government Administrator. Any such Amendment shall be within the scope of the Grant and shall specify the change; any increase or decrease in Grant amount and the effective date of the change. The Applicant expressly and explicitly understands and agrees that no other method and/or no other document, including correspondence, acts and oral communications by or from any person, shall be used or construed as an amendment to this Grant.

5. Commencement of Work.

All work to be performed under this Grant must commence within ninety (90) days of award. Work shall not be performed without a Purchase Order.

6. Key Personnel.

It is essential the Applicant provide an adequate staff of experienced personnel, capable of and devoted to the successful accomplishment of work performed under this Grant. The Applicant must assign specific individuals to key positions of responsibility. Once assigned to work under this Grant, Key Personnel shall not be removed or replaced without prior notification to the ADHS Program Manager.

7. Cancellation for Conflict of Interest:

Pursuant to A.R.S. § 38-511, the State may cancel this Grant within three (3) years after Grant execution without penalty or further obligation if any person significantly involved in initiating, negotiating, securing, drafting or creating the Grant on behalf of the State is or becomes at any time while the Grant or an extension of the Grant is in effect an employee of or a consultant to any other party to this Grant with respect to the subject matter of the Grant. The cancellation shall be effective when the Applicant receives written notice of the cancellation unless the notice specifies a later time. If the Applicant is a political subdivision of the State, it may also cancel this Grant as provided in A.R.S. § 38-511.

8. Suspension or Debarment Status.

If the firm, business or person submitting this Application has been debarred, suspended or otherwise lawfully precluded from participating in any public procurement activity, including being disapproved as a Applicant with any Federal, State or local government or if any such preclusion from participation from any public procurement activity is currently pending, the Applicant shall fully explain the circumstances relating to the preclusion or proposed preclusion in the Application. The Applicant shall include a letter with its Application setting forth the name and

TERMS AND CONDITIONS

RFGA NO.: HR953231

address of the governmental unit, the effective date of this suspension or debarment, the duration of the suspension or debarment, and the relevant circumstances relating to the suspension or debarment. If suspension or debarment is currently pending, a detailed description of all relevant circumstances including the details enumerated above shall be provided. The Application of an Applicant who is currently debarred, suspended or otherwise lawfully prohibited from any public procurement activity shall be rejected.

9. Availability of Funds for the Next Fiscal Year.

Funds may not presently be available for performance under this Grant beyond the current fiscal year. No legal liability on the part of the State for any payment may arise under this Grant beyond the current fiscal year until funds are made available for performance of this Grant. The State shall make reasonable efforts to secure such funds.

10. Audit.

Pursuant to A.R.S. §35-214, at any time during the term of this Grant and five (5) years thereafter, the Applicant's or any Sub-applicant's books and records shall be subject to audit by the State and, where applicable, the Federal Government, to the extent that the books and records relate to the performance of the Grant.

11. Information Disclosure.

The Applicant shall establish and maintain procedures and controls that are acceptable to the State for the purpose of assuring that no information contained in its records or obtained from the State or from others in carrying out its functions under the Grant shall be used or disclosed by it, its agents, officers, or employees, except as required to efficiently perform duties under the Grant. Persons requesting such information should be referred to the State. The Applicant also agrees that any information pertaining to individual persons shall not be divulged other than to employees or officers of Applicant as needed for the performance of duties under the Grant, unless otherwise agreed to in writing by the State.

12. Accounting Requirements.

All financial records shall be maintained and expenditures made in accordance with the Generally Accepted Accounting Principles to permit accurate tracking of funds to a level of expenditure adequate to ensure proper use of funds.

13. Financial Management.

For all Grants, the practices, procedures, and standards specified in and required by the Accounting and Auditing Procedures Manual for the Arizona Department of Health Services funded programs shall be used by the Applicant in the management of Grant funds and by the Department when performing a Grant audit. Funds collected by the Applicant in the form of fees, donations and/or charges for the delivery of these Grant services shall be accounted for in a separate fund.

Federal Funding. Applicants receiving Federal funds under this Grant shall comply with the certified finance and compliance audit provision of the Office of Management and Budget (OMB) Circular A-133, if applicable.

State Funding. Applicants receiving Federal funds under this Grant shall comply with the certified Compliance provisions of A.R.S. §35-181.03.

14. Grant Restrictions.

Applicants shall provide a copy of all printed or broadcast media or any other educational materials developed using funds awarded under this Grant to the ADHS Program Manager for approval. Media and/or printed educational materials will adhere to the required wording as follows: "Funded in part by the Bureau of Chronic Disease Prevention as made available through the Arizona Department of Health Services."

TERMS AND CONDITIONS

RFGA NO.: HR953231

15. Payment.

The Applicant shall submit to ADHS a monthly statement of charges in a form to be provided by ADHS prior to the commencement of services. This form, known as an Applicant's Expenditure Report (CER), shall be submitted for the work completed under an approved program manager in conformance with the price sheet/fee schedule of this Grant.

16. Arizona Substitute/IRS W-9 Form.

In order to receive payment the Applicant shall have a current Arizona Substitute W-9 Form on file with the State of Arizona, unless not required by law.

17. Sub-applicants.

The Applicant shall not enter into any subcontract under this Grant for the performance of this Grant without the advance written approval of the ADHS Program Manager and the State Government Administrator. The Applicant shall clearly list any proposed Sub-applicants and the Sub-applicant's proposed responsibilities. The Sub-applicant shall incorporate by reference the terms and conditions of this Grant.

18. Licenses.

Applicant shall maintain, in current status, all Federal, State and local licenses and permits required for the operation of the business conducted by the Applicant.

19. Federal Procurement Suspension/Debarment.

All Applicants, upon submittal and signature of their Application, hereby attest and certify that the company has not been debarred or suspended from Federal procurements.

20. Health Insurance Portability and Accountability Act of 1996 (HIPAA) Compliance.

The Applicant warrants that it is familiar with the requirements of HIPAA and HIPAA's accompanying regulations and will comply with all applicable HIPAA requirements in the course of this Grant. Applicant warrants that it will cooperate with the Arizona Department of Health Services (ADHS) in the course of performance of the Grant so that both the ADHS and Applicant will be in compliance with HIPAA, including cooperation and coordination with the ADHS Privacy Officer and other compliance officials required by HIPAA and its regulations. Applicant will sign any documents that are reasonably necessary to keep the ADHS and Applicant in compliance with HIPAA, including, but not limited to, business associate agreements.

If requested by the ADHS, Applicant agrees to sign the "Arizona Department of Health Services Pledge To Protect Confidential Information" and to abide by the statements addressing the creation, use and disclosure of confidential information, including information designated as protected health information and all other confidential or sensitive information as defined in policy. In addition, if requested, Applicant agrees to attend or participate in HIPAA training offered by the ADHS or to provide written verification that the Applicant has attended or participated in job related HIPAA training that is: (1) intended to make the Applicant proficient in HIPAA for purposes of performing the services required and (2) presented by a HIPAA Privacy Officer or other person or program knowledgeable and experienced in HIPAA and who has been approved by the ADHS HIPAA Compliance Officer.

22. Indemnification Clause:

Applicant shall indemnify, defend, save and hold harmless the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees (hereinafter referred to as "Indemnatee") from and against any and all claims, actions, liabilities, damages, losses, or expenses (including court costs, attorneys' fees, and costs of claim processing, investigation and litigation) (hereinafter referred to as "Claims") for bodily injury or personal injury (including death), or loss or damage to tangible or intangible property caused, or alleged to be caused, in whole or in part, by the negligent or willful acts or omissions of Applicant or any of its

TERMS AND CONDITIONS

RFGA NO.: HR953231

owners, officers, directors, agents, employees or subcontractors. This indemnity includes any claim or amount arising out of or recovered under the Workers' Compensation Law or arising out of the failure of such Applicant to conform to any federal, state or local law, statute, ordinance, rule, regulation or court decree. It is the specific intention of the parties that the Indemnatee shall, in all instances, except for Claims arising solely from the negligent or willful acts or omissions of the Indemnatee, be indemnified by Applicant from and against any and all claims. It is agreed that Applicant will be responsible for primary loss investigation, defense and judgment costs where this indemnification is applicable. In consideration of the award of this Grant, the Applicant agrees to waive all rights of subrogation against the State of Arizona, its officers, officials, agents and employees for losses arising from the work performed by the Applicant for the State of Arizona.

This indemnity shall not apply if the Applicant or subcontractor(s) is/are an agency, board, commission or university of the State of Arizona.

23. Insurance Requirements:

Applicant and Sub-applicant shall procure and maintain until all of their obligations have been discharged, including any warranty periods under this Grant, are satisfied, insurance against claims for injury to persons or damage to property which may arise from or in connection with the performance of the work hereunder by the Applicant, his agents, representatives, employees or subcontractors.

The *insurance requirements* herein are minimum requirements for this Grant and in no way limit the indemnity covenants contained in this Grant. The State of Arizona in no way warrants that the minimum limits contained herein are sufficient to protect the Applicant from liabilities that might arise out of the performance of the work under this Grant by the Applicant, its agents, representatives, employees or subcontractors, and Applicant is free to purchase additional insurance.

A. MINIMUM SCOPE AND LIMITS OF INSURANCE: Applicant shall provide coverage with limits of liability not less than those stated below.

1. Commercial General Liability – Occurrence Form

Policy shall include bodily injury, property damage, personal injury and broad form Grantual liability coverage.

• General Aggregate	\$1,000,000
• Products – Completed Operations Aggregate	\$ 500,000
• Personal and Advertising Injury	\$ 500,000
• Blanket Grantual Liability – Written and Oral	\$ 500,000
• Fire Legal Liability	\$ 25,000
• Each Occurrence	\$ 500,000

1.1 The policy shall be endorsed to include the following additional insured language: ***“The Arizona Department of Health Services, State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees shall be named as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Applicant”***; and

1.2 Policy shall contain a waiver of subrogation against the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Applicant.

2. Business Automobile Liability

Bodily Injury and Property Damage for any owned, hired, and/or non-owned vehicles used in the performance of this Grant.

Combined Single Limit (CSL)	\$500,000
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TERMS AND CONDITIONS

RFGA NO.: HR953231

2.1 The policy shall be endorsed to include the following additional insured language: **“The Arizona Department of Health Services, State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees shall be named as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Applicant, involving automobiles owned, leased, hired or borrowed by the Applicant”**; and

2.2 Policy shall contain a waiver of subrogation against the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Applicant.

3. Worker's Compensation and Employers' Liability

Workers' Compensation	Statutory
Employers' Liability	
Each Accident	\$100,000
Disease – Each Employee	\$100,000
Disease – Policy Limit	\$100,000

3.1 Policy shall contain a waiver of subrogation against the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Applicant; and

3.2 This requirement shall not apply to: Separately, EACH Applicant or subcontractor exempt under A.R.S. 23-901, AND when such Applicant or subcontractor executes the appropriate waiver (Sole Proprietor/Independent Applicant) form.

4. Professional Liability (Errors and Omissions Liability)

Each Claim	\$ 500,000
Annual Aggregate	\$1,000,000

4.1 In the event that the professional liability insurance required by this Grant is written on a claims-made basis, Applicant warrants that any retroactive date under the policy shall precede the effective date of this Grant; and that either continuous coverage will be maintained or an extended discovery period will be exercised for a period of two (2) years beginning at the time work under this Grant is completed; and

4.2 The policy shall cover professional misconduct or lack of ordinary skill for those positions defined in the Scope of Work of this Grant.

B. **ADDITIONAL INSURANCE REQUIREMENTS:** The policies shall include, or be endorsed to include, the following provisions:

1. The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees wherever additional insured status is required such additional insured shall be covered to the full limits of liability purchased by the Applicant, even if those limits of liability are in excess of those required by this Grant.
2. The Applicant's insurance coverage shall be primary insurance with respect to all other available sources.
3. Coverage provided by the Applicant shall not be limited to the liability assumed under the indemnification provisions of this Grant.

C. **NOTICE OF CANCELLATION:** Each insurance policy required by the insurance provisions of this Grant shall provide the required coverage and shall not be suspended, voided, canceled, or reduced in coverage or in limits except after thirty (30) days prior written notice has been given to the State of Arizona. Such notice shall be sent directly to Arizona Department of Health Services, Procurement Office, 1740 W. Adams, Room 303, Phoenix, Arizona, 85007 and shall be sent by certified mail, return receipt requested.

TERMS AND CONDITIONS

RFGA NO.: HR953231

D. **ACCEPTABILITY OF INSURERS:** Insurance is to be placed with duly licensed or approved non-admitted insurers in the state of Arizona with an "A.M. Best" rating of not less than A- VII. The State of Arizona in no way warrants that the above-required minimum insurer rating is sufficient to protect the Applicant from potential insurer insolvency.

E. **VERIFICATION OF COVERAGE:** Applicant shall furnish the State of Arizona with certificates of insurance (ACORD form or equivalent approved by the State of Arizona) as required by this Grant. The certificates for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf.

All certificates and endorsements are to be received and approved by the State of Arizona before work commences. Each insurance policy required by this Grant must be in effect at or prior to commencement of work under this Grant and remain in effect for the duration of the project. Failure to maintain the insurance policies as required by this Grant, or to provide evidence of renewal, is a material breach of Grant.

All certificates required by this Grant shall be sent directly to Arizona Department of Health Services, Procurement Office, 1740 W. Adams, Room 303, Phoenix, Arizona, 85007. The State of Arizona project/Grant number and project description shall be noted on the certificate of insurance. The State of Arizona reserves the right to require complete, certified copies of all insurance policies required by this Grant at any time. **DO NOT SEND CERTIFICATES OF INSURANCE TO THE STATE OF ARIZONA'S RISK MANAGEMENT DIVISION.**

F. **SUB-APPLICANTS:** Applicants' certificate(s) shall include all Sub-applicants as insureds under its policies **or** Applicant shall furnish to the State of Arizona separate certificates and endorsements for each Sub-applicant. All coverages for Sub-applicants shall be subject to the minimum requirements identified above.

G. **APPROVAL:** Any modification or variation from the *insurance requirements* in this Grant shall be made by the Department of Administration, Risk Management Division, whose decision shall be final. Such action will not require a formal Grant amendment, but may be made by administrative action.

H. **EXCEPTIONS:** In the event the Applicant or subcontractor(s) is/are a public entity, then the Insurance Requirements shall not apply. Such public entity shall provide a Certificate of Self-Insurance. If the Applicant or subcontractor(s) is/are a State of Arizona agency, board, commission, or university, none of the above shall apply.

24. Offshore Performance of Work Prohibited:

Due to security and identity protection concerns, direct services under this Grant shall be performed within the borders of the United States. Any services that are described in the specifications or scope of work that directly serve the State of Arizona or its clients and may involve access to secure or sensitive data or personal client data or development or modification of software for the State shall be performed within the borders of the United States. Unless specifically stated otherwise in the specifications, this definition does not apply to indirect or "overhead" services, redundant back-up services or services that are incidental to the performance of the Grant. This provision applies to work performed by subcontractors at all tiers. Applicant shall declare all anticipated offshore services in the Grant Application.

25. Compliance Requirements for A.R.S. § 41-4401, Government Procurement: E-Verify Requirement

25.1 The Applicant warrants compliance with all Federal immigration laws and regulations relating to employees and warrants its compliance with Section A.R.S. § 23-214, Subsection A. (That subsection reads: "After December 31, 2007, every employer, after hiring an employee, shall verify the employment eligibility of the employee through the E-Verify program.);

25.2 A breach of a warranty regarding compliance with immigration laws and regulations shall be deemed a material breach of the Grant and the Applicant may be subject to penalties up to and including termination of the Grant;

TERMS AND CONDITIONS

RFGA NO.: HR953231

25.3 Failure to comply with a State audit process to randomly verify the employment records of Applicants and subcontractors shall be deemed a material breach of the Grant and the Applicant may be subject to penalties up to and including termination of the Grant; and

25.4 The State Agency retains the legal right to inspect the papers of any employee who works on the Grant to ensure that the Applicant or subcontractor is complying with the warranty under paragraph one (1).

26. Arbitration:

The parties to this Grant agree to resolve all disputes arising out of or relating to this Grant through arbitration, after exhausting applicable administrative review, to the extent required by A.R.S. § 12-1518, except as may be required by other applicable statutes (Title 41).

27. Purchase Orders:

The Applicant shall, in accordance with all terms and conditions of the Grant, fully perform and shall be obligated to comply with all Purchase Orders received by the Applicant prior to the expiration or termination hereof, unless otherwise directed in writing by the ADHS Administrator, including, without limitation, all Purchase Orders received prior to but not fully performed and satisfied at the expiration or termination of this Grant.

28. PANDEMIC GRANTUAL PERFORMANCE

28.1 The State shall require a written plan that illustrates how the Applicant shall perform up to Grant standards in the event of a pandemic. The State may require a copy of the plan at anytime prior or post award of a Grant. At a minimum, the pandemic performance plan shall include:

28.1.1 Key succession and performance planning if there is a sudden significant decrease in Applicant's workforce;

28.1.2 Alternative methods to ensure there are products in the supply chain; and

28.1.3 An up to date list of company contacts and organizational chart.

28.2 In the event of a pandemic, as declared the Governor of Arizona, U.S. Government or the World Health Organization, which makes performance of any term under this Grant impossible or impracticable, the State shall have the following rights:

28.2.1 After the official declaration of a pandemic, the State may temporarily void the Grant(s) in whole or specific sections, if the Applicant cannot perform to the standards agreed upon in the initial terms;

28.2.2 The State shall not incur any liability if a pandemic is declared and emergency procurements are authorized by the Director as per A.R.S. 41-2537 of the Arizona Procurement Code; and

28.2.3 Once the pandemic is officially declared over and/or the Applicant can demonstrate the ability to perform, the State, at its sole discretion, may reinstate the temporarily voided Grant(s).

29. SMART GROWTH

The purpose of the Smart Growth Program is to more effectively plan for the impacts of population growth by creating a more meaningful and predictable land planning process, to increase citizen involvement in the land planning process, to directly acquire and preserve additional open space areas within this state through necessary reforms to the master planning and open space conservation programs of the state land department and to establish a growth planning analysis process to consider and address various statewide growth management issues so that the future development of land in Arizona will occur in a more rational, efficient and environmentally sensitive manner that furthers the best interests of Arizonans by promoting the protection of its natural heritage without unduly burdening its competitive economy.

TERMS AND CONDITIONS

RFGA NO.: HR953231

Smart Growth is a continuous planning process to guide the preservation, development, or redevelopment of a neighborhood, community, or region to promote the goals and ambitions of its residents. Quality of life, infrastructure, and land use are typically key considerations in the process. Smart Growth communities prudently manage and direct their growth-strained resources to assure an economic future consistent with their goals. In addition, smart growth informs economic development efforts by providing a framework to coordinate investments and policies.

In response to [Executive Order 2007-05](#), the [Growth Cabinet](#) has developed a Smart Growth Scorecard to provide communities, counties, and regions - whether small or large, rural or urban - with a simple, clear, usable means of evaluating how well prepared they are for the pressures of growth and to help spur action on local and regional approaches to growth and development issues. For further information about Smart Growth, see <http://www.azcommerce.com/SmartGrowth/Office/>.

For this Request for Grant Application, Applicants located in a community that has submitted a Smart Growth Scorecard shall incorporate the completed Scorecard into the Application by providing the online address for the specific community's Scorecard. The Applicant shall also submit a paper copy of the community's Scorecard as **Attachment 5** of this Application. Applicants shall refer to and submit the completed Scorecard for the jurisdiction in which the Grant project will be delivered. If a proposed Grant project spans more than one jurisdiction, the Applicant may select the best Scorecard for its reference and submission. Scorecards are located at <http://www.azcommerce.com/SmartGrowth/Scorecards/>.

Applicants that submit evidence of a completed Smart Growth Scorecard score are eligible to receive additional points during the Grant evaluation to equal 10% of the total points assigned by the Grant Evaluation Committee.

SCOPE OF WORK

RFGA NO.: HR953231

1. BACKGROUND

The Arizona Department of Health Services (ADHS), Comprehensive Cancer Control Program (CCCP), is a program within the Bureau of Chronic Disease Prevention Services. The CCCP has available funds for the purpose of cancer control interventions across the state of Arizona through the use of a Grant. These projects shall support initiatives that focus on the six (6) priorities as identified in the Introduction Section's Statement of Purpose.

The Applicant shall prepare and submit written responses / application addressing the following:

2. TASKS METHODOLOGIES

Submit a written response to each of the following Tasks:

A. PROPOSED PROJECT:

Provide a brief summary of your proposed project including the name of the project and how the proposed project shall meet the six (6) priorities and the needs of the citizens in the community.

B. PROJECT DESCRIPTION:

1. Describe the need;
2. Describe what evidence there is that the stated problem(s) is a high priority for the community;
3. Describe how the proposed project effectively addresses the problem and why you think it will work;
4. Describe how the project will address one or more of the six (6) priorities as identified in the Introduction Section's Statement of Purpose;
5. Specify the proposed project's evaluation methods which will be used to assess the project's impact on the target community;
6. The project must involve multiple partners and collaborations between organizations. Describe how the proposed project will involve multiple partners and collaborations between organizations; and
7. Identify in-kind contributions if utilized. The in-kind contribution must be documented and reported.

C. AREA / TARGET POPULATION:

1. Describe the proposed geographic area to be covered;
2. Explain the proposed population to be covered, including but not limited to, the entire population within the defined geographic area or limited portion of population within defined geographic area; and
3. Describe the characteristics of the populations, including but not limited to, age, socioeconomic status and race / ethnicity.

D. GOALS AND OBJECTIVES:

Goals and Objectives capture the broad statements of intent (goals) and the measurable, time-specific outcomes (objectives) that will address the above Project Description. Goals are general and shall reflect what

SCOPE OF WORK

RFGA NO.: HR953231

changes are desired within the targeted population or area. Objectives shall support the goals, shall describe specific changes that will be accomplished within a certain period of time and are able to be measured.

1. State goal(s) that relate to the proposed project;
2. Identify measurable objective(s) for each goal(s); and
3. Explain how the goal(s) and objective are linked to the proposed project.

E. PROJECTED TIMEFRAME AND ACTIVITIES:

1. Outline the project timeline;
2. Describe the activities to be completed during the proposed project timeline; and
3. Provide supporting information to demonstrate that the activities are measurable, relevant and feasible.

F. PARTNERSHIP OR COALITION RELATIONSHIP:

1. Identify the names of partner groups that will be working to implement the proposed project;
2. Describe the relationship with your partners for working to implement the proposed project; and
3. Describe how the project will be conducted, managed or directed, including but not limited to, a grass-roots community advisory group or by a distinctly identifiable community component of Applicant's organization.

G. STAFFING:

1. Describe how the proposed project will be staffed; and
2. Provide supporting information to demonstrate that the staffing is well defined and adequate.

H. RE-AIM PLANNING TOOL:

1. Complete Attachment Three (3) and submit with the Application.

I. BUDGET:

1. Complete the Price Sheet and Budget Summary. Refer to the Price Sheet and Attachment One (1). Applicant shall use the format provided. The budget provided shall only be for the proposed project not for the organization as a whole.

J. APPROVAL:

1. The Quarterly Applicant Expenditure Reports shall be approved by ADHS prior to reimbursement. Refer to Exhibit One (1), Applicant Expenditure Report.

K. DELIVERABLES:

The Applicant shall submit:

1. The name, phone numbers and resumes of the Key Personnel, if replaced;

SCOPE OF WORK

RFGA NO.: HR953231

2. An Interim Progress Report is due December 31, 2009. This report shall include progress towards program objectives, successes, challenges and line item budget of funds expended;
3. A Final Report of the funded project is due on May 1, 2010. This report shall include planning, implementation and outcome(s) through the funded period. This report shall also include evaluative statements and recommendations for others who might wish to undertake a similar effort. A copy of each document created in conjunction with this award under this Grant must be included; and
4. A Financial Statement / Summary is due on May 1, 2010 indicating expenditures incurred in conjunction with this award under this Grant.
5. A Certificate of Insurance as per the Special Terms and Conditions within ten (10) days of Grant award.

12. NOTICES, CORRESPONDENCE, REPORTS AND INVOICES:

- a. Notice, Correspondences, Reports and Invoices from the Applicant to the ADHS shall be sent to:

Comprehensive Cancer Control Program Manager
Arizona Department of Health Services
150 North 18th Avenue, Suite 310
Phoenix, Arizona 85007
Phone No.: (602) 542-2808
Fax No.: (602) 542-0512
Email: sabolk@azdhs.gov

- b. Notice, Correspondences and Report from the ADHS to the Applicant shall be sent to:

Organization: _____
Attention: _____
Street Address: _____
City, State and ZIP Code: _____
Telephone: _____
Email: _____

- c. Payments from ADHS to the Applicant shall be sent to:

Organization: _____
Attention: _____
Street Address: _____
City, State and ZIP Code: _____

PRICE SHEET RFGA NO. HR953231
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Line	Budget Categories	Grant Amount	In-Kind / Other (specify source)	Total
1	Personnel			
2	Supplies A. Office B. Others			
3	In-State Travel (@ 0.445 / mile)			
4	Postage			
5	Printing / Photocopying			
6				
7				
	TOTAL	\$	\$	\$

NOTE:

1. Budget categories other than listed may be added to reflect the actual need of your proposed project.
2. There may be an identifiable in-kind contribution.
3. Funds may be used for personnel costs.
4. Administrative overhead is not an allowable expense.
5. Funds may not be used to pay for direct clinical services or for physical construction or renovation of a facility or space within a building.

ATTACHMENT NO.: 1
BUDGET SUMMARY
RFGA NO. HR953231

Within the total cost for each budget category, a series of line item costs are to be identified. Provide a brief description of proposed costs. All budgeted amounts are to be rounded to the nearest dollar in each line item and budget category.

1. PERSONNEL

Position Title	Hours/week	# of weeks	Salary (rate/wk)	Total

2. SUPPLIES

a. Office:

b. Other:

3. IN-STATE TRAVEL

4. POSTAGE

5. PRINTING / PHOTOCOPYING

ATTACHMENT NO.: 2

RFGA NO. HR953231

ARIZONA DEPARTMENT OF HEALTH SERVICES

Grant Certification Form

Complete this Grant Certification Form and return with your Application

The _____
(name of organization)
is submitting this application for funding from the Arizona Department of Health Services,
_____. Grant program.

As the _____'s
(name of organization)
contact person, my signature below certifies that to the best of my knowledge all of the information provided in this application is accurate, and if funded, we agree to comply with the requirements of the Grant program as described in the announcement, specifically, to meet the reporting and financial requirements of this award:

1. By _____ submit a final report describing the funded project including planning,
(date)
implementation, and outcome(s) through the funded period. This report should include evaluative statements and recommendations for others who might wish to undertake a similar effort. A copy of each document created in conjunction with this award must be included.
2. By _____ submit a financial statement/summary indicating expenditures incurred in
conjunction with this award.

Signature

Print or Type Name and Title

Date

ATTACHMENT NO.: 3

RFGA NO. HR953231

RE-AIM PLANNING TOOL

The key to achieving intended results from an intervention is to take a well rounded approach to program planning. This section is intended as “thought questions”, which serve as a checklist, for key aspects that should be considered when planning an intervention. The best way use this section would be to think about the issues raised, their pertinence to one’s intervention(s) and making any relevant changes before launching the intervention. The questions listed are generalized and meant as self checks so don’t worry about not answering those that are not relevant to your unique program and situation.

Planning Checklist Questions to improve REACH

1. Do you hope to reach all members of your target population? If yes provide a number or estimate for your target population. If no (due to large size of the target population and budget constraints) provide the proportion of the target population that you want to reach ideally given constraints.
2. What is the breakdown of the demographics of your target population in terms of race/ethnicity, gender and socioeconomic status?
3. How confident are you that your program will successfully attract all members of your target population regardless of age, race/ethnicity, gender, socioeconomic status and other important characteristics?

(1= not at all confident 5= somewhat confident 10-completely confident)

1 2 3 4 5 6 7 8 9 10

4. What are the barriers you foresee that will limit your ability to plan to, and successfully reach, your intended target population?
5. How do you hope to overcome these barriers?
6. Rate the difficulty you expect in overcoming these barriers.

(1= not at all confident 5= somewhat confident 10-completely confident)

1 2 3 4 5 6 7 8 9 10

Questions to improve EFFECTIVENESS

1. Would you categorize your intervention as evidence based or a new innovation?
2. Why did you choose this intervention and its components?
3. What are the strengths of your intervention?
4. Have you come to agreement with key stakeholders about what ‘success’ will be defined as?
5. List the measurable objectives that you wish to achieve in order to accomplish your goal (How will you define success?).
6. What are the likely unintended consequences that may result from this program?
7. Rate your confidence that this intervention will lead to your planned outcome?

(1= not at all confident 5= somewhat confident 10-completely confident)

1 2 3 4 5 6 7 8 9 10

ATTACHMENT NO.: 3

RFGA NO. HR953231

Questions to improve ADOPTION

1. What percent of your organization (e.g. departments, relevant staff etc) will be involved in supporting or delivering this program?
2. What percent of other organizations such as yours will be willing and able to offer this program after you are done testing?
3. How confident are you that your program will be adopted by those settings and staff who provide services for people in your target population who have the greatest need?

(1= not at all confident 5= somewhat confident 10-completely confident)

1 2 3 4 5 6 7 8 9 10

4. What do you think will be the greatest barriers to other sites or organizations adopting this program? Do you have a system in place for overcoming these barriers?

Questions to improve IMPLEMENTATION

1. How confident are you that the program can be delivered as intended?

(1= not at all confident 5= somewhat confident 10-completely confident)

1 2 3 4 5 6 7 8 9 10

2. How confident are you that the program can be delivered by staff representing a variety of positions, levels and expertise/experience of the organization?
3. Is your program flexible (while maintaining fidelity to the original design) to changes or corrections that may be required midcourse?
4. Do you have a system in place to document and track the progress of the program and effect of changes made during the course of the program?

Questions to improve MAINTENANCE (Individual)

1. What evidence is available that suggests the intervention effects will be maintained 6 or more months after it is completed?
2. How confident are you that the program will produce lasting benefits for the participants?

(1= not at all confident 5= somewhat confident 10-completely confident)

1 2 3 4 5 6 7 8 9 10

3. What do you plan to do to support initial success and prevent or deal with relapse of participants?

Questions to improve MAINTENANCE (Community)

1. How confident are you that your program will be sustained in your setting a year after the Grant is over and or a year after it has been implemented?

(1= not at all confident 5= somewhat confident 10-completely confident)

1 2 3 4 5 6 7 8 9 10

2. What do you see as the greatest challenges to the long term success of organizations continuing their support of the program?

ATTACHMENT NO.: 3

RFGA NO. HR953231

3. What are your plans for intervention sustainability? Will additional funding be needed?
4. Do you have key stakeholder commitment to continue the program if it is successful?
5. To what degree will the intervention be integrated into the regular practice of the delivery organization?

ATTACHMENT NO.: 4

RFGA NO. HR953231

Arizona Department of Health Services

Grant Payment Request Form

(Name of Organization)

Grant Number _____ Purchase Order Number _____

At this time, _____ (name of organization) is requesting
payment of \$ _____ (%)

Signed: _____

Date: _____

Print or Type Name: _____

Title: _____

Phone #: _____

Approved for payment by ADHS:

Signed: _____

Date: _____

Print or Type Name: _____

Title: _____

Phone #: _____

<p style="text-align: center;">EXHIBIT 1 <u>APPLICANT'S EXPENDITURE REPORT INSTRUCTIONS</u> RFGA NO. HR953231</p>
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Applicant's Expenditure and Requirement Report Instructions

This is a multi-purpose form for use by agencies that have a Negotiated Service Grant with the Arizona Department of Health Services. It should be filled out, signed by an authorized person and mailed to the Department not later than the 15th day of the month following the expenditure period or in accordance with the Contract. Later submission will delay the allotment of Contract funds for the following month.

1. Grant Number
2. Applicant's Name
3. Title of program
4. Reporting Period Covered: From _____ To _____

A. Check appropriate box:

- ☐ Cost Reimbursement – Cumulative Actual expenditures from the beginning of the Grant Period.
- ☐ Fixed Price – reimbursement type Grant.

B. Check appropriate box.

5. Detailed statement of expenditures (Cost Reimbursement)

- ITEM a. Approved budget indicates the total budget for the current Contract term. The Line Item Budget per the Contract price sheet must be shown.
- ITEM b. Prior Report Period Year to Date Expenditures are taken from Column D (Total Year to Date Expenditures) of the CER for the prior reporting period.
- ITEM c. Current Reporting Period Expenditures are accumulated expenses incurred from the beginning of the Reporting Period Covered, broken down by line item.
- ITEM d. Total Year to Date Expenditures = Column B (Prior Report Period Year to Date Expenditures) plus Column C (Current Reporting Period Expenditures).

6. Detailed Statement of Fixed Price Grants

A. Type of Unit – From unit description/deliverable on price sheet.

- ITEM 1. Rate per Unit from Contract price sheet.
- ITEM 2. Number of Units Provided for the current Reporting Period.
- ITEM 3. Item (1) times Item (2) = Total Funds Earned this Reporting Period.
- ITEM 4. Prior Report Period Year to Date Funds Earned are taken from Column 5 (Total Year to Date Funds Earned) of the CER for the prior reporting period.
- ITEM 5. Item (3) plus Item (4) = Total Year to Date Funds Earned.

7. Applicant Certification: it is the responsibility of the Chief Executive Officer of the reporting agency to insure valid representation of the agency's expenditures or units reported on Fixed Rate Grants. Once satisfied, the Chief Executive Officer must sign and date the report. Only an original signature will be accepted.

Arizona Department of Health Services
Accounting/Contracts
1740 W. Adams Street
Phoenix, Arizona 85007

1. Contract Number _____ P.O. # _____

2. Contractor Name _____

3. Title of Program _____

4. Reporting Period Covered: From _____ To _____

Invoice #

ADHS USE ONLY		THIS SECTION FOR ADHS ACCOUNTING USE ONLY				7. CONTRACTOR CERTIFICATION	
ADHS PROGRAM COORDINATOR CERTIFICATION: <input type="checkbox"/> Performance satisfactory for payment <input type="checkbox"/> Performance unsatisfactory, withhold payment <input type="checkbox"/> No payment due		Total Expenditures or total Fixed Price _____				I certify that this report has been examined by me, and to the best of my knowledge and belief, the reported expenditures and fixed price information is valid, based upon our official accounting records (book of account) and consistent with the terms of the contract. It is also understood that the contract payments are calculated by the Department of Health Services based upon information provided in this report.	
		Adj (if required): _____					
		Less: Year to date payments _____					
		Adj (if required): _____					
		Net payment due: _____					
		Index	PCA	AY	Amount		
PROGRAM COORDINATOR SIGNATURE/DATE _____		_____	_____	_____	_____	AUTHORIZED CONTRACTOR'S SIGNATURE/TITLE/DATE _____	
		_____	_____	_____	_____		
		_____	_____	_____	_____		